

Questions and Responses
RFA #G1610DHFC—LS
BadgerCare Plus Healthy Living Individual Incentives

Question 1: Is there a limit on the dollar amount that an individual member can receive? If so, please indicate what that amount is.

Response: No, there is not a limit on the dollar amount for individual incentives. One of the key questions we hope to answer in the pilots is the effectiveness of different levels of incentives.

Question 2: Is there a desired percentage of the requested funds that would go to member incentives? If so, please indicate what the percent is.

Response: No, there is no set percentage of the budget that must be spent on individual incentives. The review team will look at whether the amount appears reasonable, given the goals and objectives of the proposal, and whether the amount appears to be sufficient to promote behavior change, given what we know from the research.

Question 3: Please provide a link to the DHFS Allowable Cost Policy Manual.

Response: The link to the Manual is
<http://dhfs.wisconsin.gov/grants/Administration/ACPM.HTM>.

Question 4: Can plans work together and submit a joint proposal?

Response: Yes, we will accept joint proposals. The application must clearly identify a lead organization and clearly articulate each organization's roles and responsibilities.

Question 5: Does the proposal have to include a financial incentive? How do you define an incentive? Can baby-sitting or educational material be considered individual incentives?

Response: Yes, Section 1.4 of the RFA specifies that "At a minimum, each project must include individual financial incentives." Financial incentives are defined as items or services that have an equivalent cash value, which may include, for example, child care, gift cards, and so forth. In addition to the financial incentive, other incentives that may not have a cash value, such as educational or outreach material, could also be provided.

Question 6: Can more than one goal be included in one proposal, e.g., childhood obesity and smoking cessation?

Response: Yes. However, the proposal must clearly explain/demonstrate how the goals are related or linked and how the incentive(s) is expected to impact each targeted behavior. For example, an application might target both healthy birth outcomes and smoking cessation since research indicates that pregnant women who smoke have smaller babies and a single incentive might impact both outcomes. The proposal should also clearly describe how the impact of the incentive(s) on both behaviors would be measured.

Question 7: Section 1.4.3 talks about the potential for linking these demonstration projects with quality improvement efforts under Pay-for-Performance (P4P). Would there need to be both individual incentives and payments under P4P?

Response: Yes, there would need to be both individual incentives and P4P incentives. Under P4P, payments for meeting targeted goals go directly to the health plans. Some plans currently distribute these funds to providers and/or individuals. In those instances where a plan is proposing a demonstration program that targets the same area as a P4P initiative, it must be clear that there is an additional individual incentive provided under this demonstration.

Question 8: Does the individual incentive pilot have to run the entire time frame—from April 1, 2008 through March 31, 2010—or could it run for a period of less than two years within that time frame?

Response: A pilot does not have to run the full two years. At a minimum, each project must run for at least a year (12 months) as this is the minimum amount of time necessary to adequately test the impact of the incentive(s). The project must begin and end, however, within the time frame specified in the RFA.

Question 9: The goal for increasing well-child visits seems more concrete than the other goals, e.g., patients attend their appointments or not. Will you please clarify/explain how we might address with goal?

Response: We agree that this goal may leave less room for innovative approaches to behavior changes. If plans choose to target this goal, one approach may be to target a particular population that has difficulty keeping these types of appointments, e.g., teen parents that may be hard to reach or engage in this preventive behavior.

Question 10: Can the individual incentive pilot be used as one of our annual program improvement efforts?

Response: Yes, since the new contract requires that HMO performance improvement projects have the same priorities (i.e., those under P4P and BadgerCare Plus) and that they target BadgerCare Plus members.